STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL – TELEPHONE WITHDRAWAL

Notice Date: May 14, 2015

NY State of Health Account ID: [redacted]
Appeal Identification Number: AP000000001778

[redacted]

Dear [redacted],

On January 26, 2015, the Marketplace issued a notice of eligibility determination based on your January 25, 2015 application. It stated that you were newly eligible to purchase a qualified health plan (QHP) through the Marketplace at full cost. It further stated, among other things, that you were ineligible for Medicaid because you were "[o]ver the MAGI age limit."

On February 13, 2015, you spoke with the Marketplace's Account Review Unit and appealed the January 26, 2015 eligibility determination insofar as you were found ineligible for Medicaid.

On March 19, 2015, the Marketplace received a completed Authorized Representative Designation Form verifying that you wanted your son to act as your Authorized Representative during the hearing.

On April 30, 2015, your Authorized Representative had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit.

During the hearing, through sworn testimony, your Authorized Representative stated that he wished to withdraw your appeal of the January 26, 2015 eligibility determination because you were able to independently confirm that you have been temporarily enrolled in Medicaid coverage through your Local Department of Social Services in Westchester County until June 2015.

Your Authorized Representative therefore withdrew your appeal on the record.

Accordingly, we are dismissing your appeal, pursuant to 45 CFR § 155.530(a)(1).

How does this Dismissal Affect Your Eligibility?

The Marketplace's January 26, 2015 eligibility determination remains in effect.

The dismissal of your appeal under this notification has no effect on your eligibility to receive Medicaid coverage through your Local Department of Social Services.

If You Think Your Appeal Should Not Be Dismissed

If you think your appeal should not be dismissed, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice.

The Marketplace's Appeals Unit will review your request. If your request is approved, another hearing will be scheduled for you. If your request is denied, the Marketplace will tell you in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed, and the Marketplace will take no further action on your appeal.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:

  NY State of Health Appeals
  P.O. Box 11729
  Albany, NY 12211

- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-662-4886).

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.530.

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A Copy of this Notice of Dismissal Has Been Provided To

[redacted]

[redacted]

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